



Facility
Division of Park Services – Recreation
2599 Avery Ave
Memphis, TN 38112
Phone: (901) 576-4203
Fax: (901) 576-4285

Application for Volunteer Service

** This Application Must be Filled Out Completely **

A copy of valid government issued photo identification must be attached to complete this application.

(Please Print or Type)

Name:		Date:	
Address:	City:	State:	Zip Code:
Home Phone:		Business Phone:	
Pager/Cell Phone:		Email Address (optional):	
Date of Birth:		Social Security No.	
Do you have a valid driver's license? Yes [] No [] Driver's License No.			
Occupation:		Employer:	
Address:	City:	State:	Zip Code:

Use extra paper to complete if additional space is required.

- Have you ever been convicted of or plead guilty to any crime(s)? Yes [] No []
If yes, describe each in full: _____
 - Have you ever been refused participation in any other youth programs? Yes [] No []
If yes, describe each in full: _____
 - Do you have children in the community center programs? Yes [] No []
If yes, at what level? _____
 - Special Certification (i.e. CPR, Medical, etc.): _____
 - Special professional training, skills, hobbies: _____
 - Community affiliations (Clubs, Service Organizations, etc.): _____
 - Previous volunteer experience: _____
 - Location where you wish to volunteer: _____
- Availability:**
Sun [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat []
Hrs. Available=> Day: _____ Evening: _____ Weekend: _____
- Please list your interest area(s) for volunteer work: _____
 - Are you interested in serving on a non-profit board? Yes [] No []

-- CONTINUE ON BACK --

11. Please list three(3) references, at least one (if possible), which has knowledge of your participation as a volunteer in a youth program.

<u>Name</u>	<u>Phone No.</u>
1.	
2.	
3.	

City Policy

In accordance with Federal Law, it is the policy of the City of Memphis to employ only U.S. Citizens and Aliens lawfully authorized to work in the United States. The City of Memphis Government complies with Public Law 100-690, "The Drug-Free Workplace Act of 1988", and is committed to providing a drug-free workplace for city employees. If hired, proof of employment eligibility will be required. *The City of Memphis, the Division of Park Services-Recreation will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

I have read and understand the City's commitment and in compliance I hereby execute the following statement of my own free will:

As a condition of volunteering, I give permission for the City of Memphis, Division of Park Services organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed as volunteer, my position is conditional upon the City of Memphis, Division of Park Services receiving no inappropriate information on my background. I hereby indemnify and hold harmless the City of Memphis, the Division of Park Services, its employees, volunteers and agents thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the City of Memphis, the Division of Park Services is not obligated to appoint me to a volunteer position. If appointed, I understand that I am subject to suspension for violation all laws, rules, regulations, and policies as set forth by the City of Memphis, the Division of Park Services, the County of Shelby, the State of Tennessee and the Federal Government. This Agreement will be governed, construed and enforced according to the laws of the State of Tennessee. Accordingly, the parties to this Agreement submit to and understand that any and all actions shall be instituted and litigated in the Courts of the State of Tennessee located in Shelby County, Tennessee and no other. No modification of this document shall be valid unless in writing and signed by an appropriate Park Services' Representative.

*****Special Note: Volunteers are not permitted to handle cash under any circumstances. ******

If you are a minor, please have your parent or guardian sign and date this application.

Applicant: _____ Date: _____

Name (please print) _____

*Parent/Guardian Signature (The individual executing this document on behalf of the volunteer applicant affirms that he/she is authorized to do so.)

*Name (please print) _____ Date _____

(For Park Services use only)

Approved: _____ Criteria applied: _____

Denied: _____ *Justification: _____

By: _____ Date: _____

Park Services Representative – Center Director

By: _____ Date: _____

Park Services Representative – Zone Manager

**Only attach to this application copy of background check reports that reveal convictions of this applicant.*

Please copy Deputy Director's Office completed application.